AMENDMENT TRANSMITTAL LETTER						Docket No. MED-032C4	
Application No.		Filing Date		***************************************	Examiner		Art Unit
10/606,409		June 25, 2003		A. R. Reimers		s	3733
Applicant(s): Sam	nuel M. Shaolia	an					
				TO THE STATE OF TH			
Invention: TRANS	SPEDICULAR I	NTERVERTE	BRAL DISC A	CCESS	METHODS	AND DE	VICES
	TC	THE COMMI	SSIONER FO	OR PAT	ENTS		
Transmitted here					ication.		
The fee has been calculated and is transmitted as shown below.							
CLAIMS AS AMENDED							
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate		
Total Claims	18	- 20 =	0	Х	50.00		0.00
Independent Claims	5	- 5 =	0	х	210.00		0.00
Multiple Depend	lent Claims (ch	eck if applicabl	le)				
Other fee (please specify):							
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:							0.00
x Large Entity Small Entity							
[ol fee is require	d for this amo	ndment		21110011 III.111111		
x No additional fee is required for this amendment. Please charge Deposit Account No in the amount of \$							
	ge Deposit Acc copy of this she			n the an	nount of \$	***************************************	•
A check in the amount of \$ to cover the filing fee is enclosed.							
Payment by credit card. Form PTO-2038 is attached.							
X The Director is hereby authorized to charge and credit Deposit Account No07-1700 as described below. A duplicate copy of this sheet is enclosed.							
x Credit ar	ny overpaymer	nt.					
x Charge a	any additional fill	ing or applicatio	on processing	fees requ	uired under 3	7 CFR 1.1	6 and 1.17.
/Eleanor M. Hynes/ Dated: October 26, 2007							6, 2007
Eleanor M. Hyn Attorney/Agent		013					
GOODWIN PRO	OCTER LLP						
Washington, D0 (202) 346-4000							
(202) 5 15 1500							
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